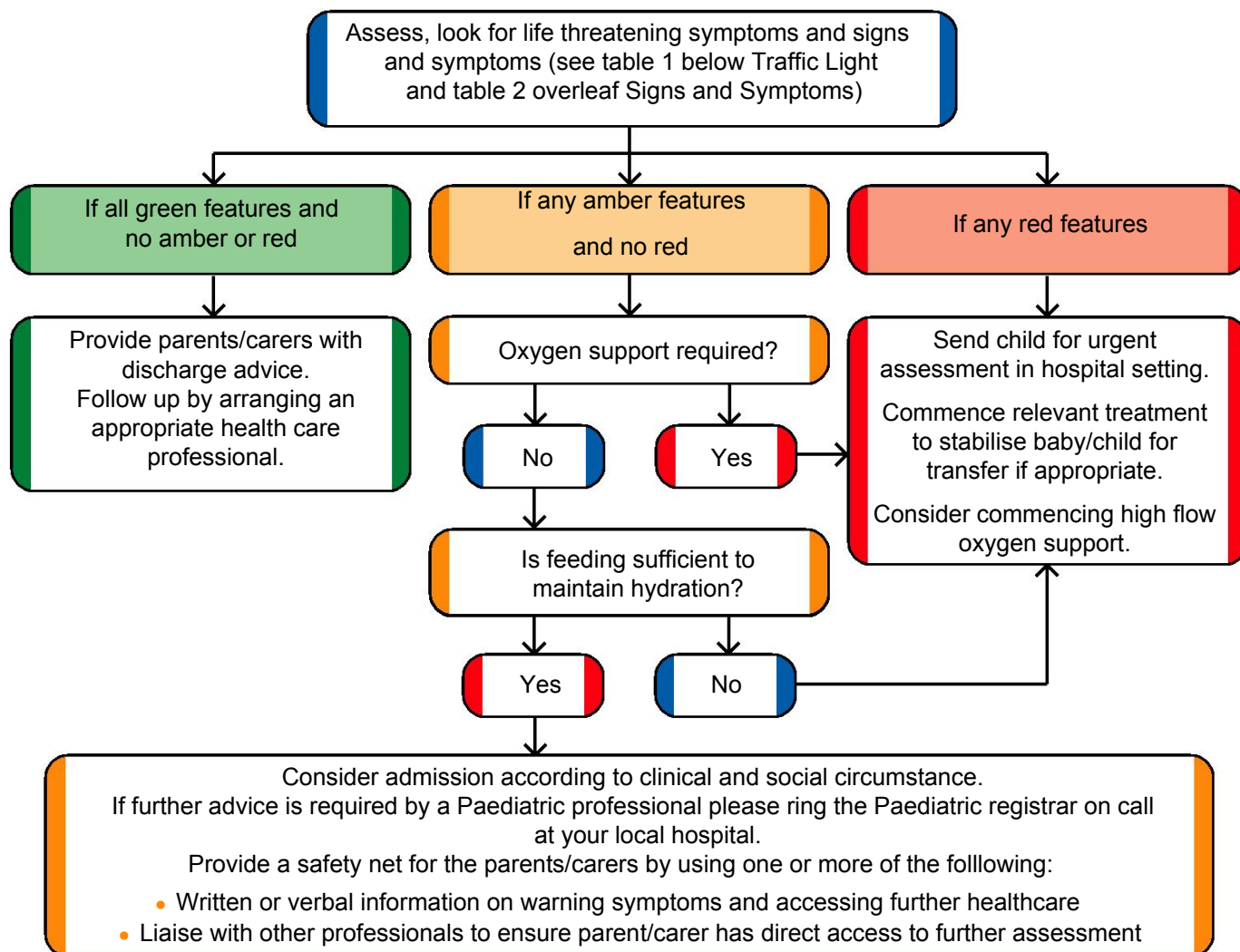


# Clinical Assessment Tool for Babies/Children under 2 years with Suspected Bronchiolitis



## Management Out of Hospital Setting



**Table 1 Traffic light system for identifying severity of illness**

	Green – low risk	Amber – intermediate risk	Red – high risk
<b>Behaviour</b>	<ul style="list-style-type: none"> <li>Alert</li> <li>Normal</li> </ul>	<ul style="list-style-type: none"> <li>Irritable</li> <li>Not responding normally to social cues</li> <li>Decreased activity</li> <li>No smile</li> </ul>	<ul style="list-style-type: none"> <li>Unable to rouse</li> <li>Wakes only with prolonged stimulation</li> <li>No response to social cues</li> <li>Weak, high pitched or continuous cry</li> <li>Appears ill to a healthcare professional</li> </ul>
<b>Skin</b>	CRT ≤ 2 secs Normal colour skin, lips & tongue Moist mucous membranes	CRT 2–3 secs Pale/mottled Pallor colour reported by parent/carer Cool peripheries	CRT over 3 secs Pale/Mottled/Ashen blue Cyanotic lips and tongue
<b>Respiratory Rate</b>	Under 12mths <50 breaths/minute Over 12 mths <40 breaths/minute No respiratory distress	<12mths 50-60 breaths /minute >12 months 40-60 breaths / minute	All ages >60 breaths/minute
<b>SATS in air</b>	96% or above	93 – 95%	<93%
<b>Chest Recession</b>	None	Moderate	Severe
<b>Nasal Flaring</b>	Absent	May be present	Present
<b>Grunting</b>	Absent	Absent	Present
<b>Feeding Hydration</b>	Normal – no vomiting	50-75% fluid intake over 3-4 feeds +/- vomiting. Reduced urine output	<50% fluid intake over 2-3 feeds +/- vomiting. Significantly reduced urine output
<b>Apnoeas</b>	Absent	Absent	Present*

CRT: capillary refill time    SATS: saturations in air    \* Apnoea – for 10-15 secs or shorter if accompanied by a sudden decrease in saturations/central cyanosis or bradycardia

# Clinical Assessment Tool for Babies/Children under 2 years with Suspected Bronchiolitis



## Management Out of Hospital Setting

### Healthcare professionals should be aware of the increased need for hospital admission in infants with the following:

- Pre-existing lung disease, congenital heart disease, neuromuscular weakness, immune-incompetence
- Age <6weeks (corrected)
- Prematurity
- Family anxiety
- Re-attendance
- Duration of illness is less than 3 days and Amber – may need to admit

### Table 2 Signs and Symptoms can include:

- Rhinorrhoea (Runny nose)
- Cough
- Poor Feeding
- Vomiting
- Pyrexia
- Respiratory distress
- Apnoea
- Inspiratory crackles +/- wheeze
- Cyanosis

This guidance is written in the following context:

This assessment tool was arrived after careful consideration of the evidence available including but not exclusively SIGN, Bristol guideline, EBM data and NHS evidence. Healthcare professionals are expected to take it fully into account when exercising their clinical judgement. This guidance does not, however, override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and or guardian or carer.

12.13.v01

To be reviewed Summer 2015 when NICE guidelines are published.



